



Illinois Health Information Exchange Authority

# The ILHIE Pricing Model Aggregate Patient Record Viewer Service

Request for Comment on Fee Structure  
May 31, 2013



# Acronyms



<b>ADT</b>	Admission Discharge Transfer
<b>CCD</b>	Continuity of Care Document
<b>CDA</b>	Clinical Document Architecture
<b>C32</b>	IHE standard for continuity of care document (CCD)
<b>CCDA</b>	A guide defining clinical information format based on CDA
<b>CDC</b>	Centers for Disease Control
<b>CLIA</b>	Clinical Laboratory Improvement Amendments
<b>IHE</b>	Integrating the Health Enterprise (The standards body ILHIE adheres to)
<b>ILHIEA</b>	Illinois Health Information Exchange Authority
<b>ILHIE</b>	Illinois Health Information Exchange
<b>MPI</b>	Master Patient Index
<b>PIX</b>	Patient Identifier Cross Reference
<b>PDQ</b>	Patient Demographic Query
<b>SOP</b>	Strategic & Operational Plan
<b>V2</b>	Version two
<b>V3</b>	Version three
<b>XCA</b>	Cross Community Access (a standard)
<b>XDS.b</b>	Cross Enterprise Document Sharing (a standard)
<b>XCPD</b>	Cross Community Patient Discovery (a standard)



# Message from ILHE Executive Director Raul Recarey



The ILHIE was established as a State entity with Federal support and private participation. It is focused on developing the most robust health information exchange infrastructure **at the lowest possible cost** to all Illinois providers.

The ILHIE pricing is calculated to recover actual costs. Additionally, we make every effort to maximize Federal and State resources to lower the amount required from private sources to achieve sustainability. Our hope is that Illinois providers view the ILHIE as a State asset that is being made available to help achieve interconnectivity among everyone's respective trading partners. Our goal is to maintain a low yearly fee structure to promote individual adoption, even to those with minimal utilization of network services. Our pricing is very transparent: we want to show the effect increased participation has on our fee structure over time and create a clear picture of the future path for everyone to see and effectively plan for.

We intend to pursue a policy of "*no provider left behind*" to ensure we make connectivity possible to every Illinois provider, regardless of how remote or how small. I invite you to submit questions or comments on this pricing model and thank you for your interest in the ILHIE.

# Additional Considerations



- The ILHIE is dedicated to following national standards and adding other states to our growing network. In addition to neighboring states, our goal is to ensure Illinois providers have connectivity to all other states through reciprocal agreements – at no extra cost to Illinois providers.
- In order to limit the financial impact to a single organization with many providers, the present fee structure includes a **cap** on the yearly fee to a dollar limit of \$150,000\* per year.
- The ILHIE is a transport network, a conduit between providers that does **not** offer central clinical data storage. Yet similar to the iPhone concept, the ILHIE platform will soon enable features and functionalities through the development of 3<sup>rd</sup> party “apps”. Some of these future features could be made available at no extra cost, others may have a fee associated with them, but their use by connecting entities will be strictly voluntary.
- The type and number of licensed providers could increase in the future – such an increase would have the net effect of **decreasing** the individual fee.

\* Assumes one organization with a single point of connection

# Assumptions in This Model



- Full sustainability for the ILHIE is being calculated to be attained upon reaching 30% of licensed providers in Illinois.
- Pricing is shown on a **yearly** basis for \*licensed providers defined below. Nursing and allied health personnel working on behalf of a licensed provider would not pay an additional license fee.

## *\*\*Qualified provider definitions:*

- Allopathic and Osteopathic Physicians
- Chiropractic Providers
- Dental Providers
- Eye and Vision Service Providers
- Podiatric Medicine and Surgery Service Providers

\*The ILHIE SOP - Illinois Department of Professional Regulation, Illinois Department of Public Health, and CDC, CLIA.

\*\* One (1) licensed provider can include up to six (6) support staff, each with a unique logon ID at NO ADDITIONAL fee.

## The ILHIE Fees

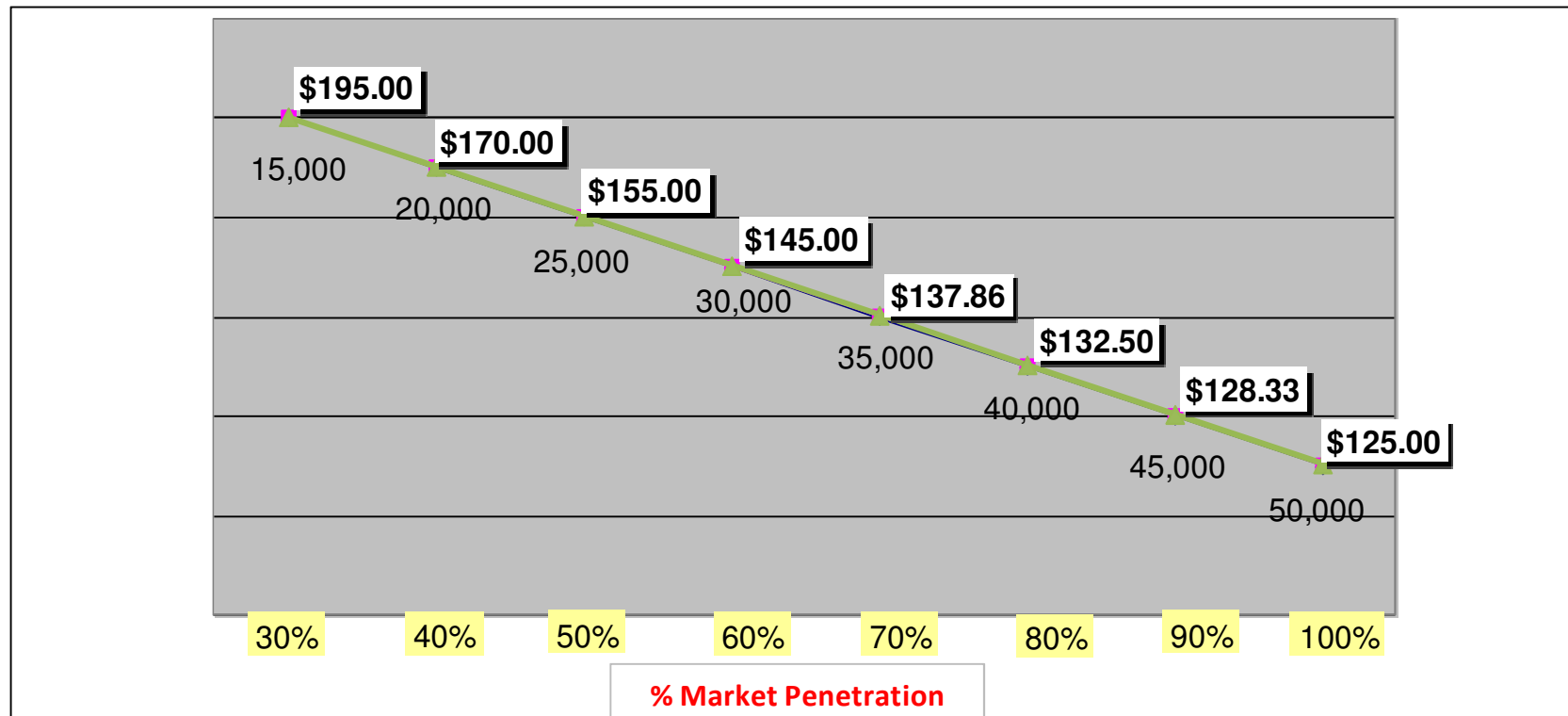


\*Initial on-boarding fee:       \$0  
Year 1 Subscription:           \$195

Estimated Year 2 Subscription Fee:       \$170  
Estimated Year 3 Subscription Fee:       \$155  
Estimated Year 4 Subscription Fee:       \$145

\* The ILHIE is applying federal incentives to minimize these costs to Illinois providers – early adopters benefit - \$0 on-boarding rate cannot be guaranteed after 2013

# The ILHIE \*Fees **Decrease** as More Providers Join the Network



\*Fee is per provider per year

**Note:** The ILHIE fee is calculated by dividing total costs into the total number of connected providers, so as more providers join the ILHIE network, the unit amount of the ILHIE fee decreases.

- Pricing is for the ILHIE Aggregate Patient Record Viewer service (bi-directional connectivity/query exchange) and does not include the ILHIE Direct Secure Messaging at this time.
- The ILHIE is fully committed to maximizing Federal & State contributions to the network in order to further reduce the ILHIE fees.
- In order to eliminate the incentive for providers to delay connecting and pay a future reduced yearly fee, the \$195 per year initial rate would apply to all providers and organizations in their first year of on-boarding, regardless of what the actual rate for that year is when they join.

# Obligations of Connecting Entities



The **ILHIE** follows national technical standards, but connectivity typically requires some degree of action or modification from both sides; the ILHIE and the connecting entity. This pricing model assumes that **each** party is responsible for configuring its own system as needed and making it ready for connection. However, the ILHIE has identified a set of standard technical requirements for connecting entities that, when met, will minimize the resources needed to connect.

**Connecting  
Organization**



# Minimum Technical Requirements



**To Connect to the ILHIE Aggregate Patient Record Viewer Service, Connecting Entities Should:**

**Be capable of participating in an IHE-based document exchange:**

- Source systems will utilize PIX (v2 or v3) add/update transactions to populate the MPI (Master Patient Index) and RLS (Record Locator Service). Optionally ADT feeds can be used in lieu of PIX.
- Source systems will be able to receive / respond to PIX/PDQ/XCPD transactions from the ILHIE
- Source systems will be able to respond to an XCA document query/retrieve transaction
- Source systems will be able to respond to an IHE On Demand Document request in an XDS.b transaction from the ILHIE

**Adhere to the ILHIE standard C32/CCDA format:**

- Required content sections, discrete data, and content format will be documented

End

Please Submit Comments and Questions



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Comments deadline: **Friday June 14, 2013**

Thank you.

